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Mar 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G47964** (3)

1. Corporation Name  
**EDNBEV, INC.**



Principal Place of Business: **% EDWARD C. FOX  
4266 MARINE PARKWAY  
NEW PORT RICHEY FL 34652**

Mailing Address: **% EDWARD C. FOX  
4266 MARINE PARKWAY  
NEW PORT RICHEY FL 34652-3138**

3. Date Incorporated or Qualified: **07/08/1983** 3a. Date of Last Report: **03/29/1996**

4. FEI Number: **59-2314372** Applied For: ☐ Not Applicable: ☐

5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**

2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**FOX JR, EDWARD C  
4266 MARINE PARKWAY  
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81. Name: **FL** 85. Zip Code: **FL**

82. Street Address (P.O. Box Number is Not Acceptable):

83. City:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature typed or printed name of registered agent and how it applies (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: **PD** ☐ DELETE NAME: **FOX, EDWARD C, JR** STREET ADDRESS: **4266 MARINE PARKWAY** CITY-ST-ZIP: **NEW PORT RICHEY, FL00000**

TITLE: **VST** ☐ DELETE NAME: **FOX, BEVERLY B** STREET ADDRESS: **4266 MARINE PARKWAY** CITY-ST-ZIP: **NEW PORT RICHEY, FL00000**

TITLE: **D** ☐ DELETE NAME: **FOX, BEVERLY B** STREET ADDRESS: **4266 MARINE PARKWAY** CITY-ST-ZIP: **NEW PORT RICHEY, FL00000**

TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

21. TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

31. TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

41. TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

51. TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

61. TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **Edward C Fox, Jr** **EDWARD C FOX, JR** **5/23/97** **93/848-4124**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)